

<input type="checkbox"/> Juvenile Involved	<b>GULFPORT POLICE DEPARTMENT</b> <b>NARRATIVE REPORT</b>	Case Number 05-007303
--	--	--------------------------

<input type="checkbox"/> Original Report <input checked="" type="checkbox"/> <b>Offense Supplement</b> <input type="checkbox"/> Custody Supplement <input type="checkbox"/> Follow-up Report <input type="checkbox"/> Other	Type Offense / Incident DOMESTIC VIOLENCE (SIMPLE ASSAULT REQ. MEDICAL) TRESPASSING MALICIOUS MISCHIEF SIMPLE ASSAULT	Date of This Report 02/26/2005	Date of Original Report 02/26/2005	Zip Code 39501	Area A3		
Suspect/Victim Name CNALES, NIDA MICHELLE; PHILLIPS, EARNEST EARL		Complaint Numbers of Connected Cases NONE					
Status*	Qty	Article	Brand, Make or Manufacturer	Model Name or Number	Description (Color, Size, Etc)	Serial Number and/or OAN	Value

ON 02/26/05, APPROX. 0113 HRS., OFFICER DYE 193 AND I RESPONDED TO 2207 31ST ST IN REFERENCE TO A FIGHT. UPON ARRIVAL WE MADE CONTACT WITH B/F NIDA MICHELLE CNALES. SHE ADVISED THAT B/M BOBBY JOE GOLDEN ENTERED HER RESIDENCE BY SHATTERING THE GLASS ON THE REAR SLIDING DOOR AND PHYSICALLY ASSAULTED HER. I THEN WENT TO THE DEN WHERE I OBSERVED GOLDEN LYING FACE DOWN ON THE FLOOR BLEEDING FROM THE MOUTH. I ALSO OBSERVED SEVERAL CUTS ON GOLDEN'S FACE AND NECK. CNALES ADVISED THAT GOLDEN GOT THE INJURIES WHEN ATTEMPTED TO ASSAULT B/M EARNEST EARL PHILLIPS WHO WAS IN THE RESIDENCE WITH HER. CNALES STATED THAT AFTER BREAKING THE SLIDING DOOR GOLDEN CAME TO THE BEDROOM AND BEGAN BEATING ON THE DOOR. AT THAT TIME GOLDEN WAS TOLD TO LEAVE AND REFUSED. CNALES STATED THAT GOLDEN GAINED ENTRY TO THE BEDROOM BY KICKING THE DOOR. CNALES ADVISED THAT GOLDEN THEN BEGAN TO ASSAULT HER BY PUNCHING HER IN THE FACE WITH A CLOSED FIST. CNALES STATED THE SHE MOMENTARILY GOT AWAY FROM GOLDEN AND CALLED THE POLICE. SHE STATED THAT GOLDEN THEN ATTEMPTED TO ASSAULT HER AGAIN. PHILLIPS STATED THAT GOLDEN THEN ASSAULTED HIM BY GRABBING HIS SHIRT AND PUNCHING HIM WITH A CLOSED FIST. PHILLIPS STATED THAT HE PUNCHED GOLDEN SEVERAL TIMES IN AN ATTEMPT TO GET HIM OFF. GOLDEN WAS INTOXICATED TO THE POINT THAT HE DEFECATED AND URINATED ON HIMSELF. GOLDEN WAS VERBALLY ABUSIVE TOWARDS OFFICERS ON THE SCENE AND THREATENED TO KILL PHILLIPS. CNALES WAS TRANSPORTED TO MEMORIAL HOSPITAL TO RECEIVE TREATMENT FOR A LARGE CONTUSION ON HER FOREHEAD. CNALES AND WERE IN AN INTIMATE RELATIONSHIP AT THE TIME OF THE INCIDENT.

				<b>OFFENSE STATUS</b>			
Reporting Officer: ID # 6620 Name M. JOSEPH				<b>OPEN</b>		<b>CLOSED</b>	
Reviewing Supervisor: ID # Name				<input type="checkbox"/> Suspended / Inactive	<input checked="" type="checkbox"/> Cleared Adult Arrest	<input type="checkbox"/> Unfounded	
Detective Assigned: ID # Name				<input type="checkbox"/> Patrol Follow-up	<input type="checkbox"/> Cleared Exceptional Adult	<input type="checkbox"/> Referred To Family Court	
*Status E - Evidence S - Stolen R - Recovered D - Damaged				<input type="checkbox"/> Detective Follow-up	<input type="checkbox"/> Cleared Juvenile Arrest	<input type="checkbox"/> Referred To Justice Court	
Evidence Disposition: <input type="checkbox"/> Property Room <input type="checkbox"/> Court <input type="checkbox"/> Detectives <input type="checkbox"/> Returned To Owner				Signed Affidavit?	<input type="checkbox"/> Cleared Exceptional Juvenile	<input type="checkbox"/> Referred to Other:	
Attachments: <input checked="" type="checkbox"/> Suspect Report <input checked="" type="checkbox"/> Narrative <input checked="" type="checkbox"/> Custody <input type="checkbox"/> Vehicle Inventory				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Cleared Exception		
				<input type="checkbox"/> Will Sign Later			
<input type="checkbox"/> Property Invoice <input type="checkbox"/> NCIC Printout <input checked="" type="checkbox"/> Other: DVS							

**EXHIBIT**

"P1"



<input type="checkbox"/> Juvenile Involved	<b>GULFPORT POLICE DEPARTMENT</b> <b>DOMESTIC VIOLENCE SUPPLEMENTAL REPORT</b>	Case Number 05-007303
--	---	--------------------------

Location of Incident (Street Address) 2207 31ST ST GULFPORT, MS 39501		
(1) Victim (Last, First, Middle) CNALES, NIDA MICHELLE	Race B	Sex F
(2) Victim (Last, First, Middle)	Race	Sex
(3) Victim (Last, First, Middle)	Race	Sex
Relationship Between Victim & Suspect <input type="checkbox"/> Spouse <input type="checkbox"/> Former / Estranged Spouse <input checked="" type="checkbox"/> Girlfriend <input type="checkbox"/> Living Together <input type="checkbox"/> Same Sex <input type="checkbox"/> Former Dating <input type="checkbox"/> Child <input type="checkbox"/> Dating / Engaged <input type="checkbox"/> Parent <input type="checkbox"/> Boyfriend <input type="checkbox"/> Former Co-Habitants <input type="checkbox"/> Other		
Nature of Complaint <input type="checkbox"/> Verbal Assault <input checked="" type="checkbox"/> Physical Assault <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Custody Dispute <input type="checkbox"/> Standby <input type="checkbox"/> Other		
Alcohol Involved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No By: <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Victim	Drugs Involved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By: <input type="checkbox"/> Suspect <input type="checkbox"/> Victim	Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   Type: Weapon Seized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   How Used:
Physical Attack? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Punched <input type="checkbox"/> Slapped <input type="checkbox"/> Bit <input type="checkbox"/> Pushed <input type="checkbox"/> Choked <input type="checkbox"/> Grabbed <input type="checkbox"/> Other		
Type of Threat? <input type="checkbox"/> To Take Children <input type="checkbox"/> To Damage Property <input checked="" type="checkbox"/> To Kill Victim <input checked="" type="checkbox"/> To Hurt Victim <input type="checkbox"/> To Hurt Others <input type="checkbox"/> Other – Describe:		
Victim / Reporting Party Demeanor (Check all that apply) Victim / R/P Appeared <input type="checkbox"/> Angry <input type="checkbox"/> Calm <input type="checkbox"/> Apologetic <input checked="" type="checkbox"/> Crying <input checked="" type="checkbox"/> Fearful <input type="checkbox"/> Hysterical <input type="checkbox"/> Nervous <input type="checkbox"/> Threatening <input checked="" type="checkbox"/> Afraid		
Suspect Demeanor (Check all that apply) Suspect Appeared <input checked="" type="checkbox"/> Angry <input type="checkbox"/> Calm <input type="checkbox"/> Apologetic <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Hysterical <input type="checkbox"/> Nervous <input checked="" type="checkbox"/> Threatening <input type="checkbox"/> Afraid		
Were Children present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   Did Victim Receive Medical Treatment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, Where? GULFPORT MEMORIAL		
Were Victim's Injuries Visible / Apparent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, Describe: <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input checked="" type="checkbox"/> Contusions <input type="checkbox"/> Minor Cuts <input type="checkbox"/> Complaint of Pain		
Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Photos of Victim's Injuries <input type="checkbox"/> Photos of Suspect's Injuries <input type="checkbox"/> Other:		
Evidence Collected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   Type:		
Evidence Disposition <input type="checkbox"/> Property Room <input type="checkbox"/> Court <input type="checkbox"/> CID <input type="checkbox"/> Domestic Violence Unit <input type="checkbox"/> Returned <input type="checkbox"/> Other:		
Narrative of Observations CNALES AND THE SUSPECT (GOLDEN, BOBBY JOE) WERE IN An INTIMATE RELATIONSHIP AT THE TIME OF THE INCIDENT. CNALES STATED THAT GOLDEN BROKE THE REAR SLIDING GLASS DOOR TO GAIN ENTRY TO HER RESIDENCE. CNALES STATED THAT GOLDEN BECAME ENRAGED WHEN HE FOUND ANOTHER MAN (PHILLIPS, EARNEST EARL) IN THE BEDROOM WITH HER. CNALES STATED THAT GOLDEN THEN ENTERED THE BEDROOM AND ASSAULTED HER BY PUNCHING HER IN THE HEAD WITH A CLOSED FIST. CNALES STATED THAT PHILLIPS WAS THEN ASSAULTED BY GOLDEN. CNALES WAS TRANSPORTED TO GULFPORT MEMORIAL HOSPITAL. CNALES HAD A LARGE CONTUSION ON THE RIGHT SIDE OF HER FOREHEAD. GOLDEN WAS EXTREMELY INTOXICATED AND VERY BELLIGERENT.		

Reporting Officer I.D. # 6620 Name M. JOSEPH	<input type="checkbox"/> CID <input checked="" type="checkbox"/> Patrol	Reviewing Supervisor I.D. #      Name	Date of Report 02/26/2005
Disposition <input type="checkbox"/> Closed – Unfounded <input type="checkbox"/> Closed – Other <input type="checkbox"/> Follow-up Domestic Violence Unit <input checked="" type="checkbox"/> Custody Report			Affidavit Signed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Sign Later
Referrals <input type="checkbox"/> DHS <input checked="" type="checkbox"/> DV Unit <input type="checkbox"/> Women's Shelter <input type="checkbox"/> Mental Health <input type="checkbox"/> Local Area Hospital <input type="checkbox"/> Other			



<input type="checkbox"/> Juvenile Involved		GULFPORT POLICE DEPARTMENT <b>OFFENSE REPORT</b>			Case Number  05-007303	
--	--	---	--	--	------------------------------	--

Offense <b>DOMESTIC VIOLENCE (SIMPLE ASSAULT REQUIRING MEDICAL)</b>				Offense <b>TRESPASSING;SIMPLE ASSAULT;MALICIOUS MISCHIEF</b>			
Location of Offense / Block # 2207 31ST ST GULFPORT, MS				Zip Code 39501	Area A3	Firm Name, If Commercial N/A	
Offense Occurred Date 02/26/2005		to Date 02/26/2005		Date Reported 02/26/2005		Time Reported 01:13	Days of Week When Offense Occurred Su M Tu W Th Fri Sa <input checked="" type="checkbox"/> Sa
Time 01:09		to Time 01:13				Shift <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	

1 Victims Full Name - (Last, First, Middle) <b>CNALES, NIDA MICHELLE</b>				Home Address (City, State, Zip) 2207 31ST ST GULFPORT, MS 39501				Home Telephone Number (228) 865-0744					
Victim D.O.B. 03/21/1976		Sex F	Race B	Social Security Number 426-13-5696		Employer / School & Address UNEMPLOYED				Business Telephone Number None			
2 <input checked="" type="checkbox"/> V <input type="checkbox"/> RP <input checked="" type="checkbox"/> W <input type="checkbox"/> P				Full Name - (Last, First, Middle) <b>PHILLIPS, EARNEST EARL</b>				Home Address (City, State, Zip) 4809 INDIANA AVE GULFPORT, MS 39501				Home Telephone Number (228) 669-9016	
Victim D.O.B. 05/14/1958		Sex M	Race B	Social Security Number 587083750		Employer / School & Address 256 OAK ST. BILOXI, MS 39530				Business Telephone Number (228) 868-4853			
3 <input type="checkbox"/> V <input type="checkbox"/> RP <input type="checkbox"/> W <input type="checkbox"/> P				Full Name - (Last, First, Middle)				Home Address (City, State, Zip)				Home Telephone Number	
Victim D.O.B.		Sex	Race	Social Security Number		Employer / School & Address				Business Telephone Number			

Victim-Suspect Relationship		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Stranger <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Acquaintance <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Relative			Scene Processed for Latent Prints? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Prints Attached <input type="checkbox"/> None Found (Attach Separate Narrative)			<input checked="" type="checkbox"/> Alcohol Related <input type="checkbox"/> Drug Related <input type="checkbox"/> Gaming Related <input type="checkbox"/> Gang Related		Case Investigated: <input type="checkbox"/> By Telephone <input checked="" type="checkbox"/> At Scene <input type="checkbox"/> Walk-In <input type="checkbox"/> Other:		
-----------------------------	--	--	--	--	---	--	--	--	--	--	--	--

Status	Qty	Article	Brand, Make or Manufacturer	Model Name or Number	Description (Color, Size, Etc.)	Serial Number and/or OAN	Value
<input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> D	01	GLASS DOOR	UNK	UNK	CLEAR GLASS (SHATTERED)	UNK	\$200.00
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> D							
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> D							
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> D							
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> D							
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> D							
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> D							
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> D							
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> D							
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> D	Vehicle License Number	State	Vehicle Year	Make	Model / Style	Color	Value
Vehicle Identification Number - VIN			Vehicle Marks, Damage, Decals, Other Descriptors			Towed By	

Narrative of Offense - Attach Separate Narrative Report, If Needed  
 ON 02/26/05, APPROX. 0109 HRS., CNALES STATED THAT THE SUSPECT LISTED ON THE CUSTODY ENTERED THE ABOVE RESIDENCE BY SHATTERING THE REAR SLIDING GLASS DOOR. ONCE INSIDE THE SUSPECT WAS TOLD TO LEAVE AND REFUSED. CNALES STATED THAT THE SUSPECT THEN STRUCK HER IN THE HEAD WITH A CLOSED FIST. PHILLIPS STATED THAT THE SUSPECT THEN ASSAULTED HIM BY HITTING HIM WITH A CLOSED FIST. CNALES WAS TRANSPORTED BY AMR TO MEMORIAL HOSPITAL. CNALES AND THE SUSPECT WERE IN A INTIMATE RELATIONSHIP AT THE TIME OF THE INCIDENT.

Reporting Officer I.D. #: 6620 Name: M. JOSEPH		Reviewing Supervisor I.D. #: Name:		Detective Assigned I.D. #: Name:	
---	--	---------------------------------------	--	-------------------------------------	--

MOI - See Reverse		CODE		CODE		OFFENSE STATUS			
Type of Premises.....	N/A	Use of Weapon.....	N/A	OPEN		CLOSED			
Object of Attack.....	N/A	Method of Departure.....	N/A	<input type="checkbox"/> Suspended / Inactive <input type="checkbox"/> Patrol Follow-Up <input type="checkbox"/> Detective Follow-Up Signed Affidavit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Sign Later		<input checked="" type="checkbox"/> Cleared Adult Arrest <input type="checkbox"/> Cleared Exceptional Adult <input type="checkbox"/> Cleared Juvenile Arrest <input type="checkbox"/> Cleared Exceptional Juvenile <input type="checkbox"/> Unfounded		<input type="checkbox"/> Referred To Family Court <input type="checkbox"/> Referred To Justice Court <input type="checkbox"/> Referred To:	
Point of Entry.....	N/A	Demeanor of Suspect.....	N/A						
Method of Entry.....	N/A	Evidence Obtained.....	N/A						
Method of Attack - (Person)....	N/A	Place of Offense.....	N/A						
Method of Attack - (Property)...	N/A	Fraud Type.....	N/A						
Weapon Type.....	N/A	Solvability Factors.....	N/A	Evidence Disposition		<input type="checkbox"/> Property Room <input type="checkbox"/> Court <input type="checkbox"/> Detectives <input type="checkbox"/> Returned To Owner			

V - Victim RP - Reporting Person W - Witness P - Parent		E - Evidence R - Recovered		S - Stolen D - Damaged		Attachments <input checked="" type="checkbox"/> Suspect Report <input checked="" type="checkbox"/> Narrative <input checked="" type="checkbox"/> Custody <input type="checkbox"/> Vehicle Inventory <input type="checkbox"/> Property Invoice <input type="checkbox"/> NCIC Printout <input checked="" type="checkbox"/> Other: DVS		Page 01 of 05	
--	--	-------------------------------	--	---------------------------	--	--	--	---------------	--



<input type="checkbox"/> Juvenile Involved	<b>GULFPORT POLICE DEPARTMENT</b> <b>SUSPECT REPORT</b>	Case Number 05-007303
--	--	--------------------------

Suspect #1 Name - (Last, First, Middle) <b>GOLDEN, BOBBY JOE</b>		Suspect's Address <b>8254 LOUISIANA AVE. GULFPORT, MS 39501</b>							
Nickname / AKA <b>NONE</b>	Date of Birth <b>04/06/1964</b>	Age <b>40</b>	Sex <b>M</b>	Race <b>B</b>	Ht <b>603</b>	Wt <b>180</b>	Hair <b>B</b>	Eyes <b>BRO</b>	
Suspect #2 Name		Suspect's Address							
Nickname / AKA	Date of Birth	Age	Sex	Race	Ht	Wt	Hair	Eyes	
Suspect #3 Name		Suspect's Address							
Nickname / AKA	Date of Birth	Age	Sex	Race	Ht	Wt	Hair	Eyes	
Suspect #4 Name		Suspect's Address							
Nickname / AKA	Date of Birth	Age	Sex	Race	Ht	Wt	Hair	Eyes	

<b>Scars, Marks, Tattoos</b> 1 2 3 4 Suspect(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arms <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Face <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Upper Body <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lower Body <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown	<b>Speech</b> 1 2 3 4 Suspect(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Accent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lisp <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stutters <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slurred	<b>Speech cont.</b> 1 2 3 4 Suspect(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nasal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Offensive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rapid <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slow <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other	<b>Physical Condition</b> 1 2 3 4 Suspect(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Intoxicated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> On Drugs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physically Imp. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mentally Imp. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown	<b>Physical Build</b> 1 2 3 4 Suspect(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Muscular <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fat/Heavy <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medium <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Skinny <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown
---	---	---	---	---

<b>Teeth</b> 1 2 3 4 Suspect(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Normal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Missing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crooked <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gold/Silver <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stained	<b>Teeth cont.</b> 1 2 3 4 Suspect(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gapped <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chipped <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dentures <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown	<b>Glasses</b> 1 2 3 4 Suspect(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No Glasses <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Prescription <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sunglasses <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown	<b>Facial Hair</b> 1 2 3 4 Suspect(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clean Shaven <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Full Beard <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unshaven <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mustache <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Thin Beard	<b>Facial Hair cont.</b> 1 2 3 4 Suspect(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heavy Brows <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sideburns <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Goatee <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fu Manchu <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown
--	---	--	--	--

<b>Appearance</b> 1 2 3 4 Suspect(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkempt/Dirty <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Well Groomed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Military <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown	<b>Clothing</b> 1 2 3 4 Suspect(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Jeans <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dress Slacks <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shorts <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coat/Sweater <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cap / Hat	<b>Clothing cont.</b> 1 2 3 4 Suspect(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dress Shirt <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pull Over <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dark Clothing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Light Clothing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gloves	<b>Clothing cont.</b> 1 2 3 4 Suspect(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wk Clothes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Uniform <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mask <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown	<b>Hair</b> 1 2 3 4 Suspect(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shoulder <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Military Cut <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Balding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Short <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown
--	---	--	--	--

**SUSPECT VEHICLE**

License Number	State	Veh. Yr.	Make	Model	Color / Color
V.I.N. Number			Damage / Decals / Comments		
Remarks: <b>GOLDEN AND THE VICTIM (CNALES, NIDA MICHELLE) WERE IN AN INTIMATE RELATIONSHIP AT THE TIME OF THE INCIDENT.</b>					

Reporting Officer <b>I.D. # 6620 Name M. JOSEPH</b>	<input checked="" type="checkbox"/> Patrol <input type="checkbox"/> Narcotics <input type="checkbox"/> CID	Reviewing Supervisor I.D. #:      Name	Date of Report <b>02/26/2005</b>
--	--	---	-------------------------------------